

Name
in
Full

Elizabeth Barber Garret X

CERTIFICATE OF DEATH

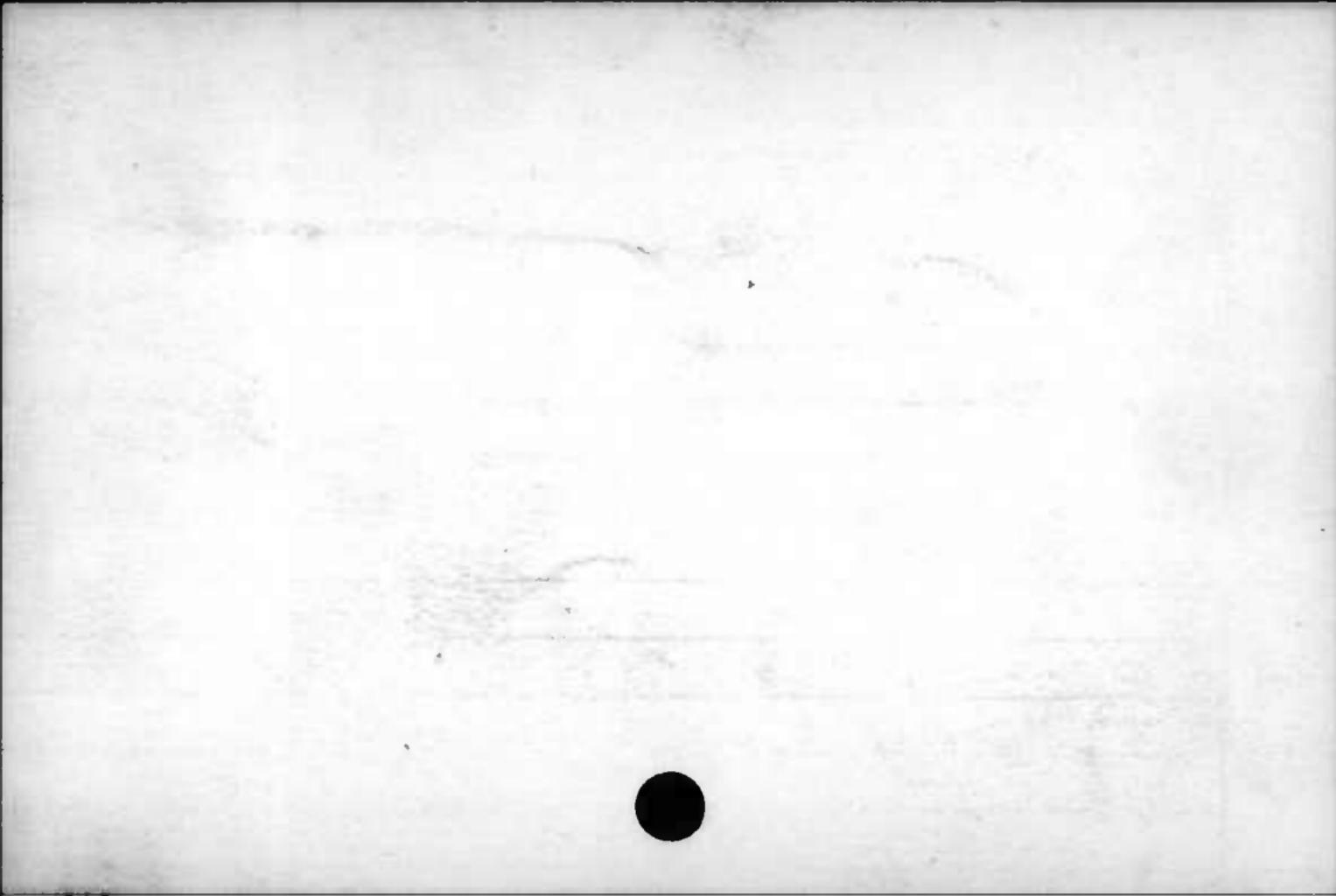
To BE ANSWERED BY
NEAREST FRIEND

Died at Grantsville Town 25th Day County Garret				MARYLAND	
Date of death 1905	Month Feb	Day 26th	Years 72	Months	Days
Sex Female	Color or Race white	Birth-place Unknown			
Occupation Farmers wife	Where Residing if not et place of death Grantsville Md				
Married, Single or Widowed Married	Name of Wife or Husband Solomon Barber	Father's Birthplace Unknown			
Father's Name Wm. Barber	Mother's Birthplace "				
Mother's Maiden Name Elizabeth Barber	How related to deceased				
Name of person giving information J. B. Lunderbaugh & Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Organic disease Heart	How long one week
Immediate Dyspnoea	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. B. Lunderbaugh
as far as knowns	Address Grantsville Md
Accident or Suicide?	



Name
in
Full

John Dooley Beachy X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 190	Month	Day	Years	Age	Months	Days
of death 190	7	Feb.	2	30	4	6
Sex	male	Color or Race	White	Birth-place	Grautville	
Married, Single or Widowed	Single		Occupation	Farmer		
Name of Wife or Husband						
Father's Name	Abraham Beachy		Father's Birthplace	Ellicott Pa		
Mother's Maiden Name	Gardella Mayhew		Mother's Birthplace	Ellicott		
Name of person giving Information	Wm. Beachy		How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Frost & death X70

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

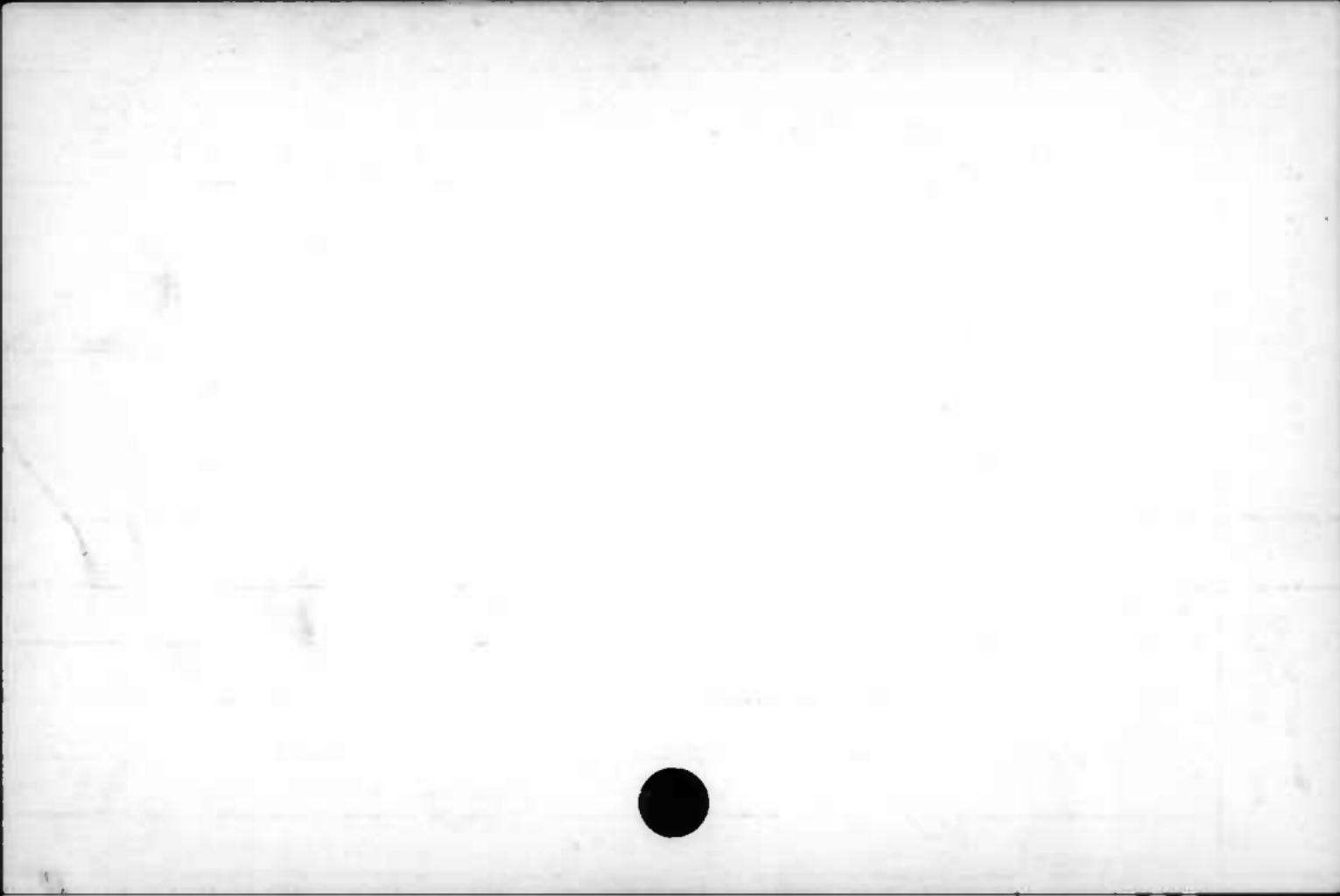
Signature of Physician

Address

J. T. Robinson M.D.

Grautville, Pa.

Accident or Suicide?



Name
in
Full

Daniel Carey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Johnsons</u>		County <u>Baltimore</u> -		MARYLAND	
Date of death <u>1905</u>	Month <u>2</u>	Day <u>17</u>	Age <u>90</u>	Years	Months
Sex <u>male</u>	Color or Race <u>white</u>	Where Residing if not at place of death		Birth-place <u>Ireland</u>	
Occupation <u>farmer</u>					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<u>Thomas Carey</u>			How related to deceased <u>Son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary old age How long

Immediate 154 How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address


Schawft Mayr
✓ Undertakers

Accident or Suicide?

Bon

Catholic Cemetery —

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Mrs. B. Castle			
Father's Name	F. B. Castle		Md			
Mother's Maiden Name	Hattie Friend		Md			
Name of person giving Information	O. Filsinger		Md			

CAUSES OF DEATH

Primary

How long

Immediate

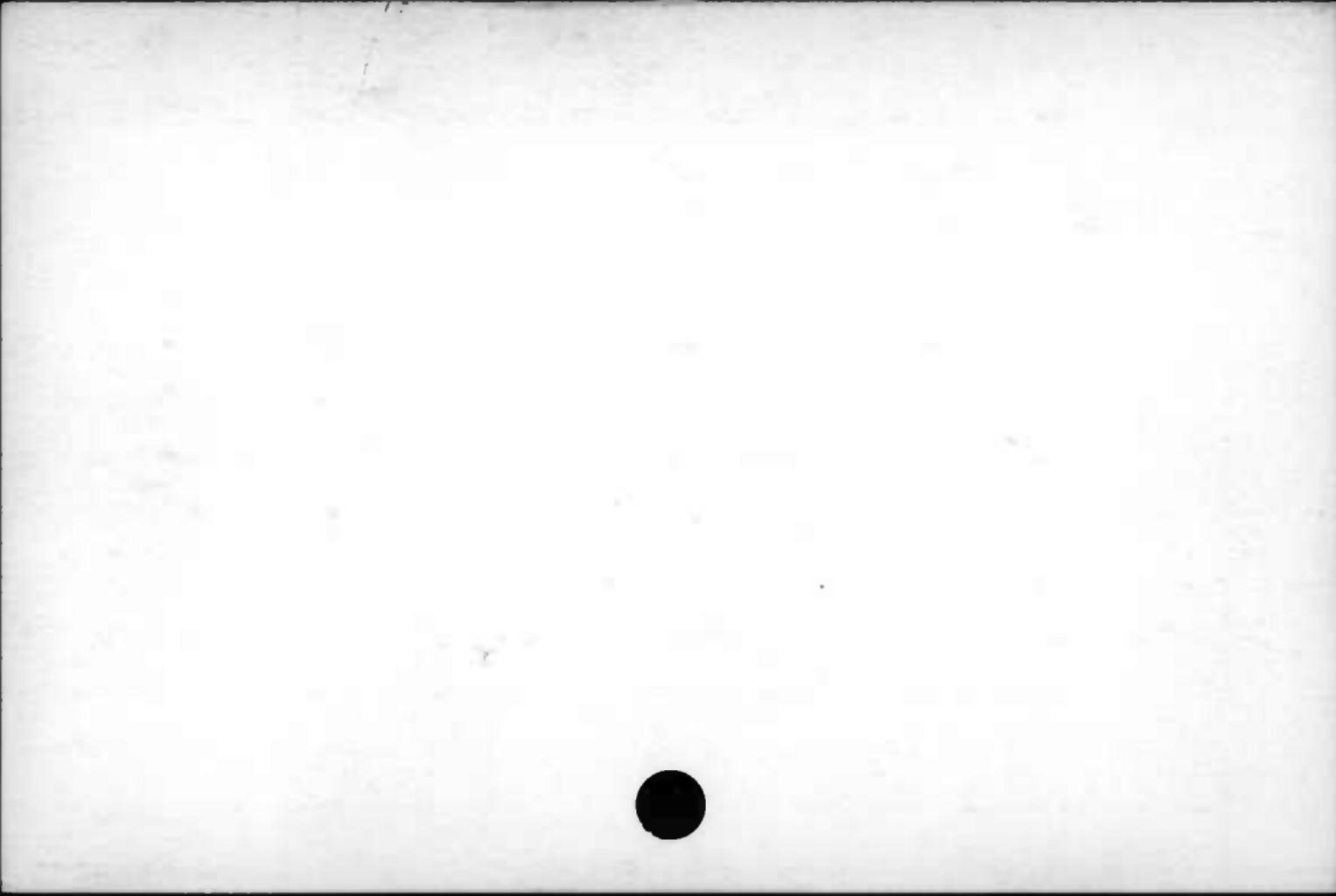
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Baby Clark X 5-2-11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Feb	Day	Years	Months	Days
Sex	Color or Race	Age	-	-	14
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Robert Clark				
Mother's Maiden Name	Mary Clark				
Name of person giving Information	Robt Clark				
Father's Birthplace	North Carolina				
Mother's Birthplace	North Carolina				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cacl

92

How long

two days

Immediate

inflammation of

None

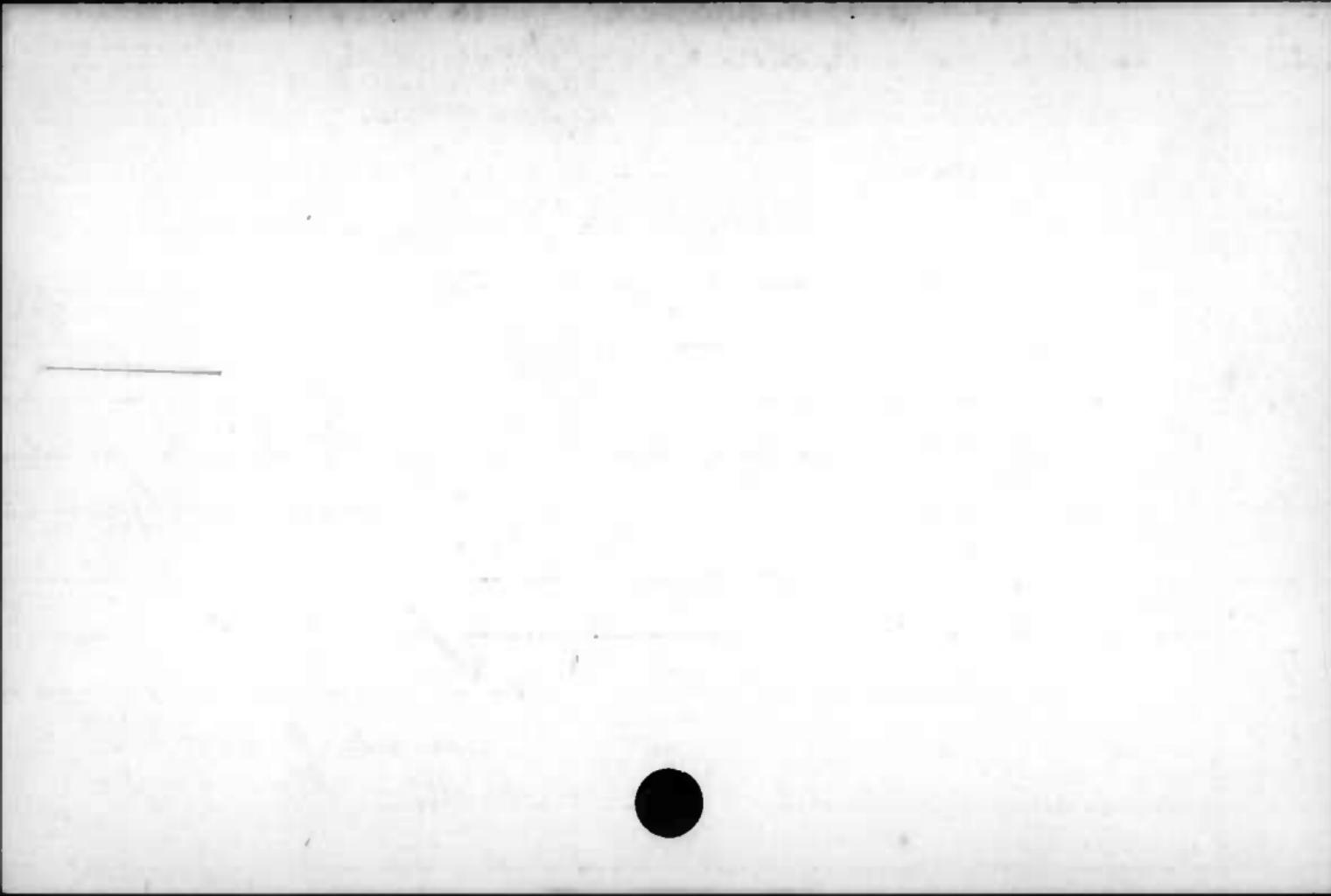
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Hazel Marie Dewitt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Maryland		
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Rufus Dewitt	Father's Birthplace	Md.		
Mother's Maiden Name	Bettie Welch	Mother's Birthplace	Md.		
Name of person giving information	Rufus Dewitt	How related to deceased	Mother		

CAUSES OF DEATH

Primary

71

How long

Immediate

How long

Spasms

Are the name, age, sex, color, date and place correctly given above?

yes

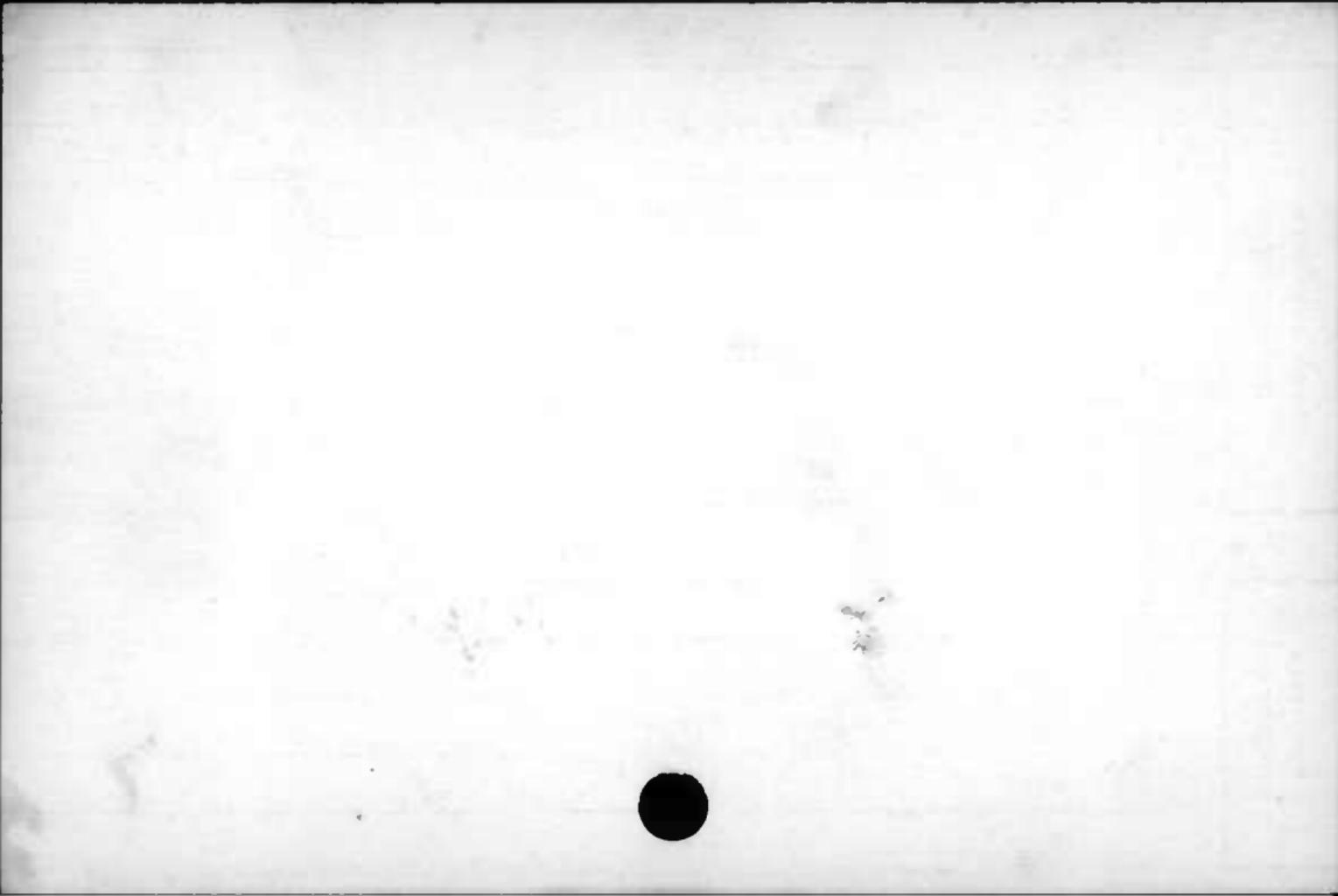
Signature of Physician

S Savage & Son Under
Friendsville Md

Address

Accident or Suicide?

No physician attending ✓



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Echord

X

CERTIFICATE OF DEATH

MARYLAND

Died at Accident

County Gowen

Date of death 1905 Month Feb.

Day 14

Years 54

Months 7

Days 28

Sex Male

Color or Race white

Birthplace Germantown

Occupation Wagon maker

Where Residing if not
at place of death Accident

Married, Single
or Widowed Married

Name of Wife or
Husband Catharine Echord

Father's Name John Echord

Father's Birthplace

Mother's Maiden Name Don't know

Mother's Birthplace

Name of person giving
Information Conrad Schmale

How related
to deceased Uncle

CAUSES OF DEATH

Primary Sensibility

64

How long

Immediate Sensibility

How long

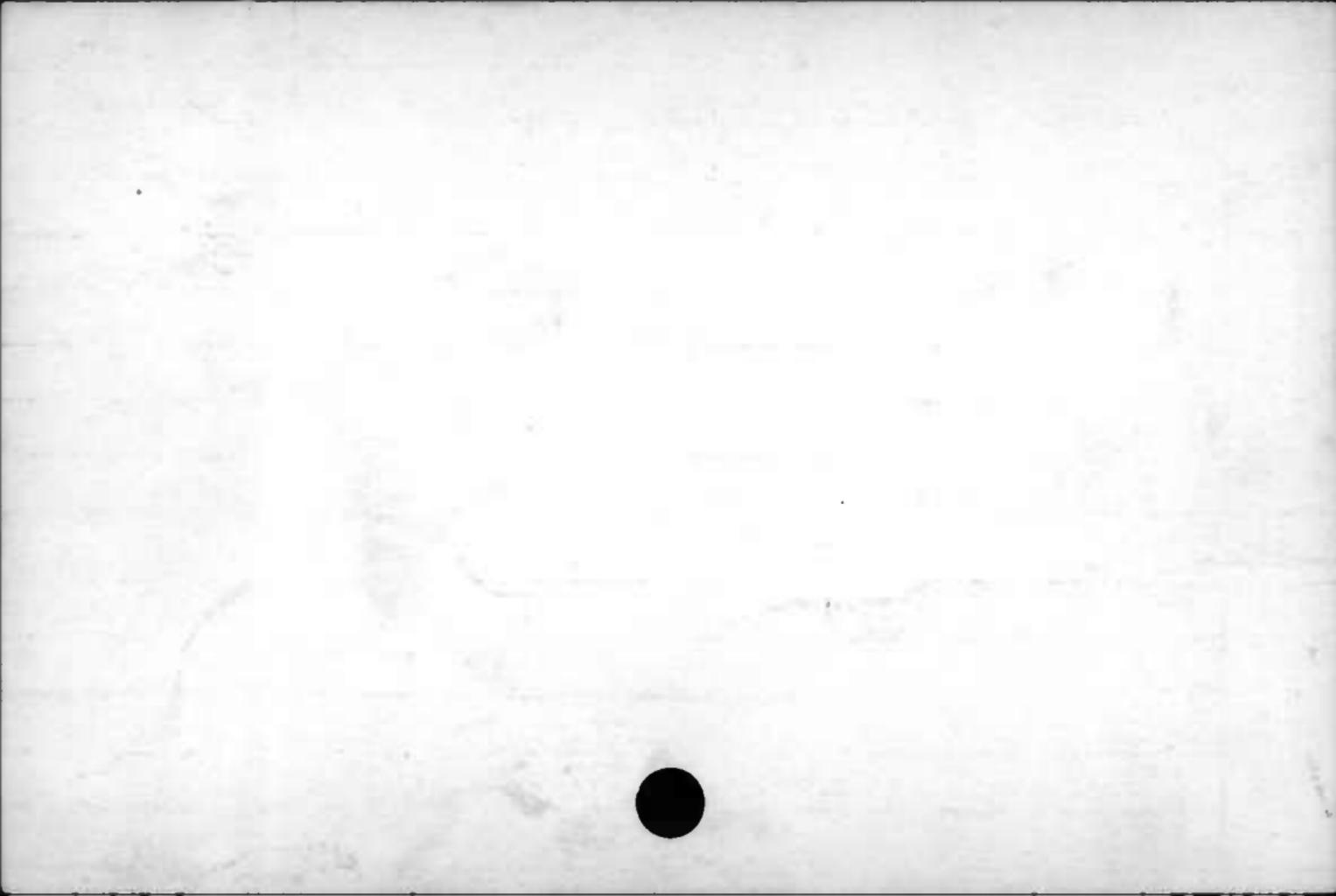
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician J.R. Bayer

Address

Accident or Suicide? ✓

MD



Wheeler Raymond Green X

CERTIFICATE OF DEATH

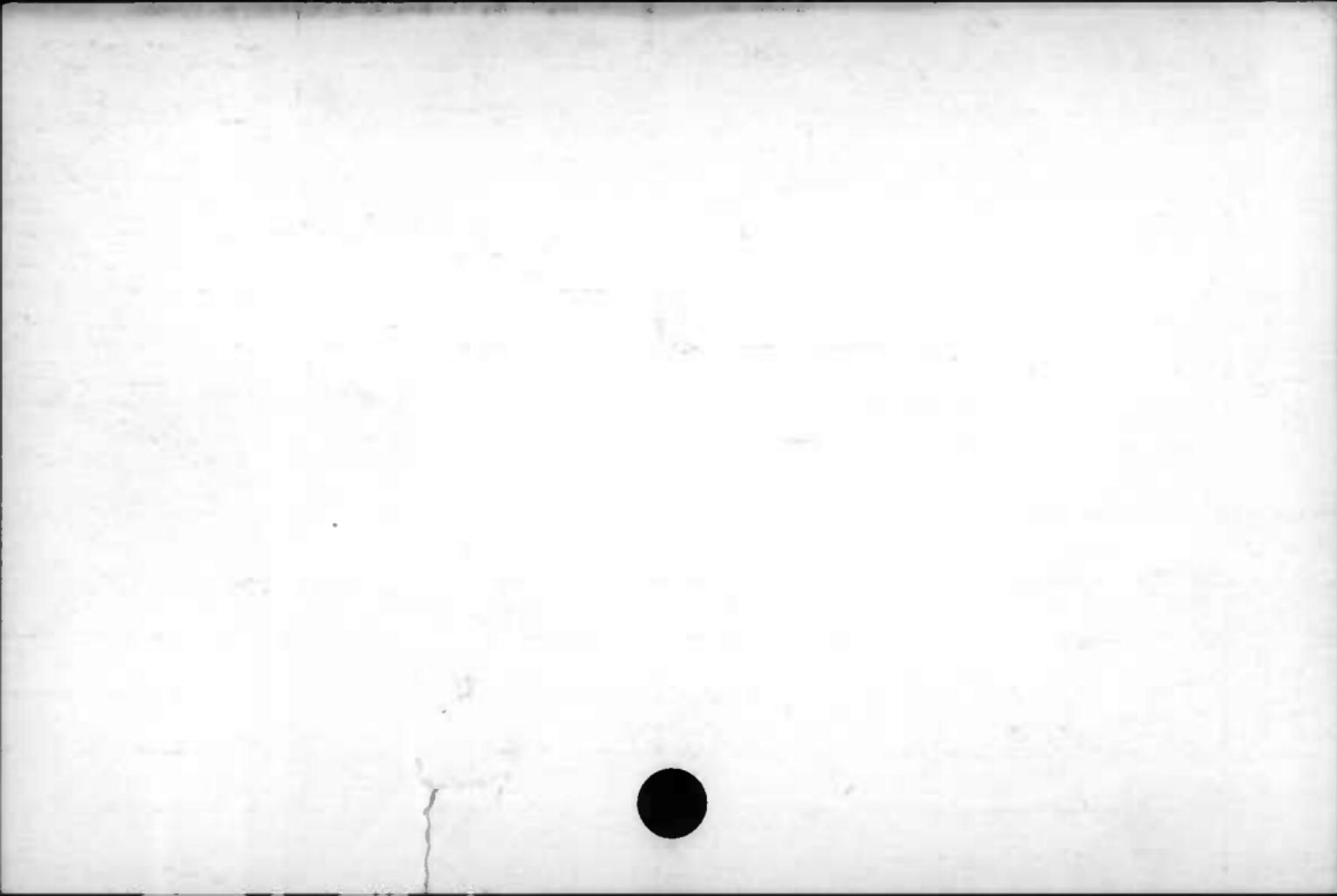
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laurel Run</u>		Town <u>Laurel Run</u>	County <u>Montgomery</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>Feb</u>	Day <u>20</u>	Years <u>—</u>	Months <u>1</u>	Days <u>27</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Laurel Run</u>				
Occupation <u>—</u>	Where Residing if not et place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>George Washington Green</u>	Father's Birthplace <u>Sonacoming</u>					
Mother's Maiden Name <u>Rebecca Clark</u>	Mother's Birthplace <u>Laurel Run</u>					
Name of person giving Information <u>Geo. W. Green</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>La grippe</u>	How long <u>10</u>
Immediate <u>not seen by physician</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>James Q. Bullock</u>
<u>Mother was seen to die with La grippe 2.05.1905. Same time</u>	Address <u>Sonacoming Maryland</u>
Accident or Suicide? <u>No</u>	✓



Name
in
Full

Ellen Hauser

X

CERTIFICATE OF DEATH

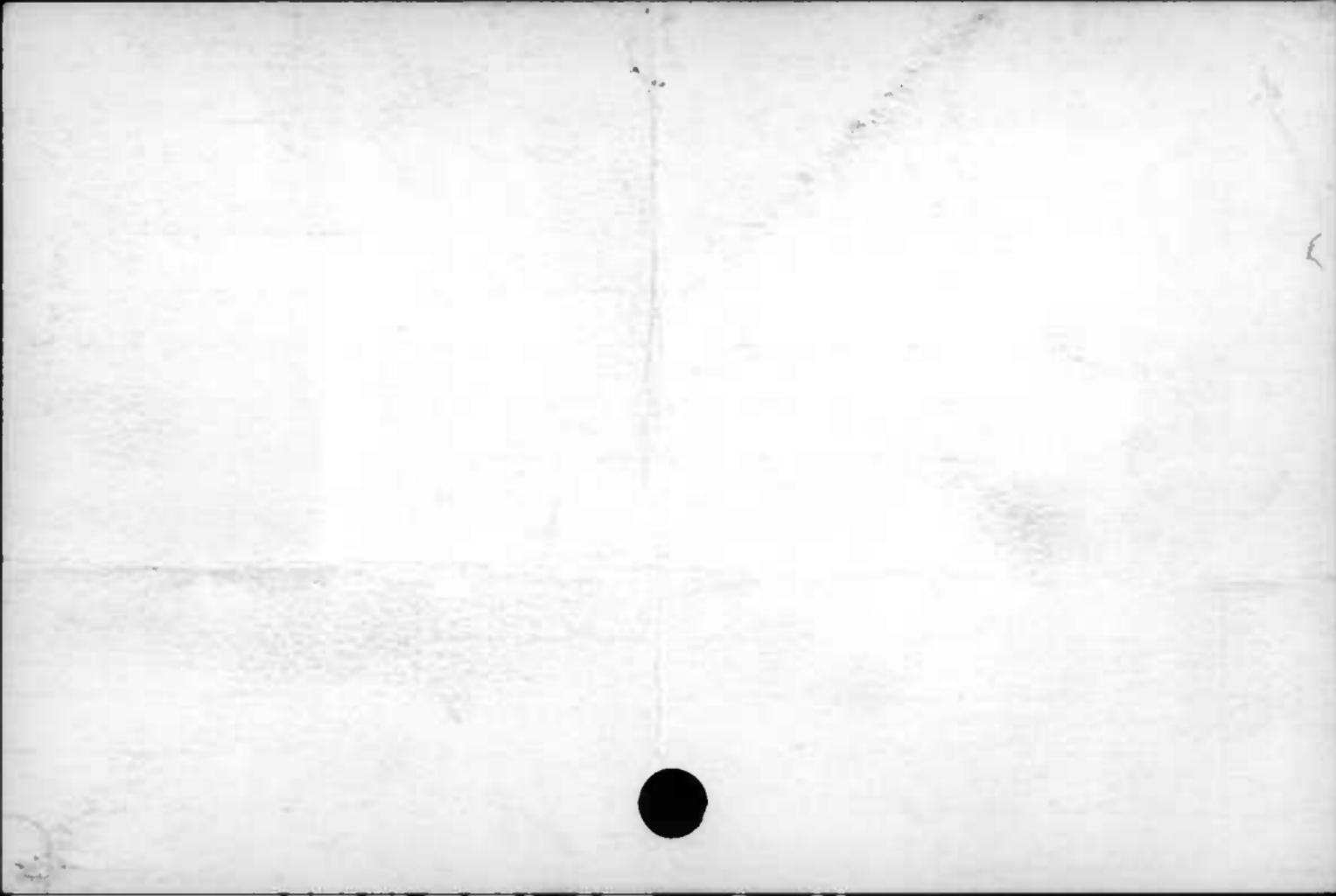
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Months	1	11	Days
1905	Feb	13	58				
Sex	Female		Color or Race	White		Birth-place	
Occupation				Where Residing if not at place of death		Hauser	
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Sarah C. Shaffer			Father's Birthplace		Benton 91 & C	
Mother's Maiden Name	Sarah B. Beard			Mother's Birthplace		Weston, Ohio	
Name of person giving information	A. C. Shaffer			How related to deceased		Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General debility		How long
Immediate	Heart		154 How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Gilbert Seaby
		Address	Egion W. Va
Accident or Suicide?			



Name
in
Full

Baby Hershman &
Collins Garrett

CERTIFICATE OF DEATH

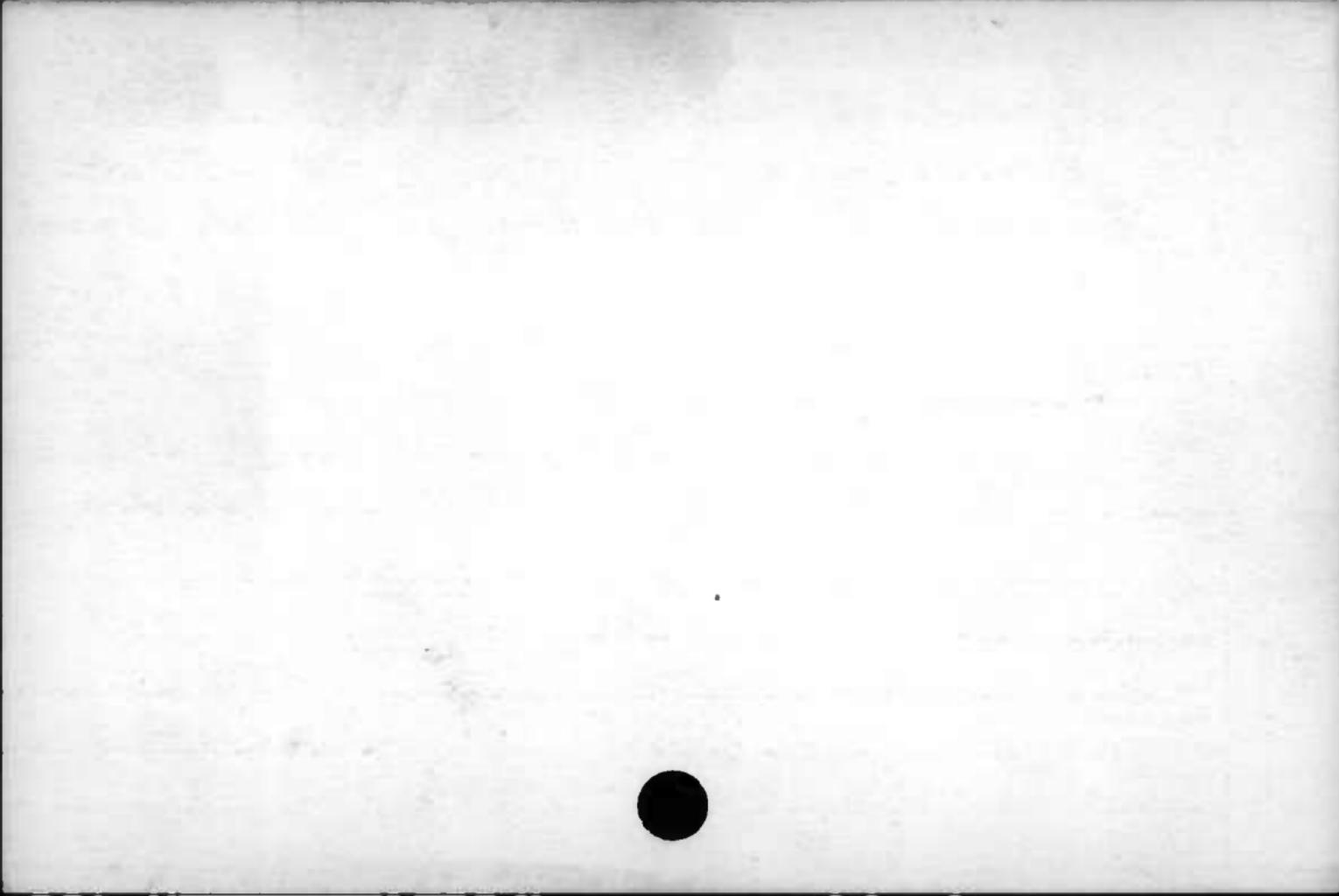
To BE ANSWERED BY
NEAREST FRIEND

Died at Town	County	MARYLAND	
Date of death 1905	Month	Day	Years
Sex Male	Color or Race	Age 15	Months
Occupation	Where Dying if not at place of death	Birth- place	Days 15
Married, Single or Widowed	Name of Wife Husband		
Father's Name	Walter Hershman	Father's Birthplace	
Mother's Maiden Name	Leigh	Mother's Birthplace	
Name of person giving Information	Chas A Ashby	How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	93	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	✓	



Name
in
Full

Bergerine R McCandlish

~~X~~ CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Friendsville</u>		Town <u>Friendsville</u>		County <u>Garrett</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Feb</u>	Day <u>8</u>	Age <u>—</u>	Years <u>—</u>	Months <u>11</u>	Days <u>3</u>		
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Maryland</u>				
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>					
Name of Wife or Husband								
Father's Name <u>Robert C. McCandlish</u>			Father's Birthplace <u>WVa</u>					
Mother's Maiden Name <u>Maud L. Yeager</u>			Mother's Birthplace <u>WVa</u>					
Name of person giving Information <u>Robert C. McCandlish</u>			How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Capillary Bronchitis</u>	How long <u>3 days</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S. J. Mason</u>
	Address <u>Friendsville</u>
Accident or Suicide? <u>✓ and</u>	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

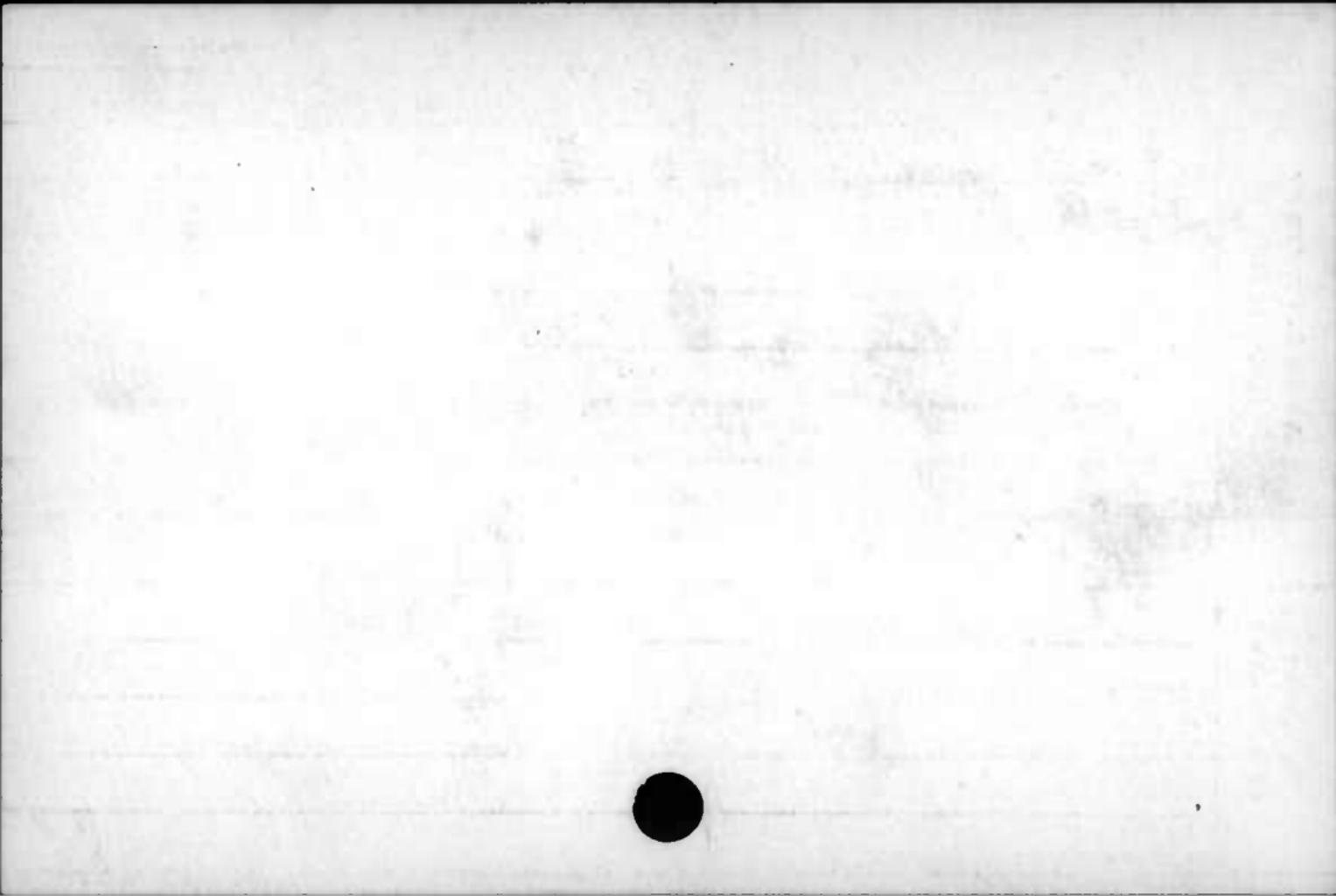
Mr Thomas Savage X

CERTIFICATE OF DEATH
MARYLAND

Died at Fleaer		Town Fleaer		County Baltimore			
Date of death 1905	Month Feb	Day 9	Age 78	Years 78	Months —	Days 5	
Sex Male	Color or Race white			Birth- place Maryland			
Married, Single or Widowed Married	Occupation Farmer						
Name of Wife or Husband Elizabeth Savage							
Father's Name John R Savage					Father's Birthplace Md		
Mother's Maiden Name Kear	Friend				Mother's Birthplace Md		
Name of person giving Information Elizabeth Savage					How related to deceased wife		

CAUSES OF DEATH

Primary Dyspnea & Pleurisy	How long 1 week
	How long 6 hours
Immediate Strang	10
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician H. Mason MD
	Address Freuderville
Accident or Suicide? ✓	Mod



Name
in
Full

Betsy Welsh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	- - -
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	- - -	
Father's Name	Isaac Welsh		
Mother's Maiden Name	- - -		
Name of person giving Information	How related to deceased		

1905 Feb 7 72 - - -

female white - - -

Wife - - -

Isaac Welsh

don't know - - -

don't know - - -

IN Rely Nephew

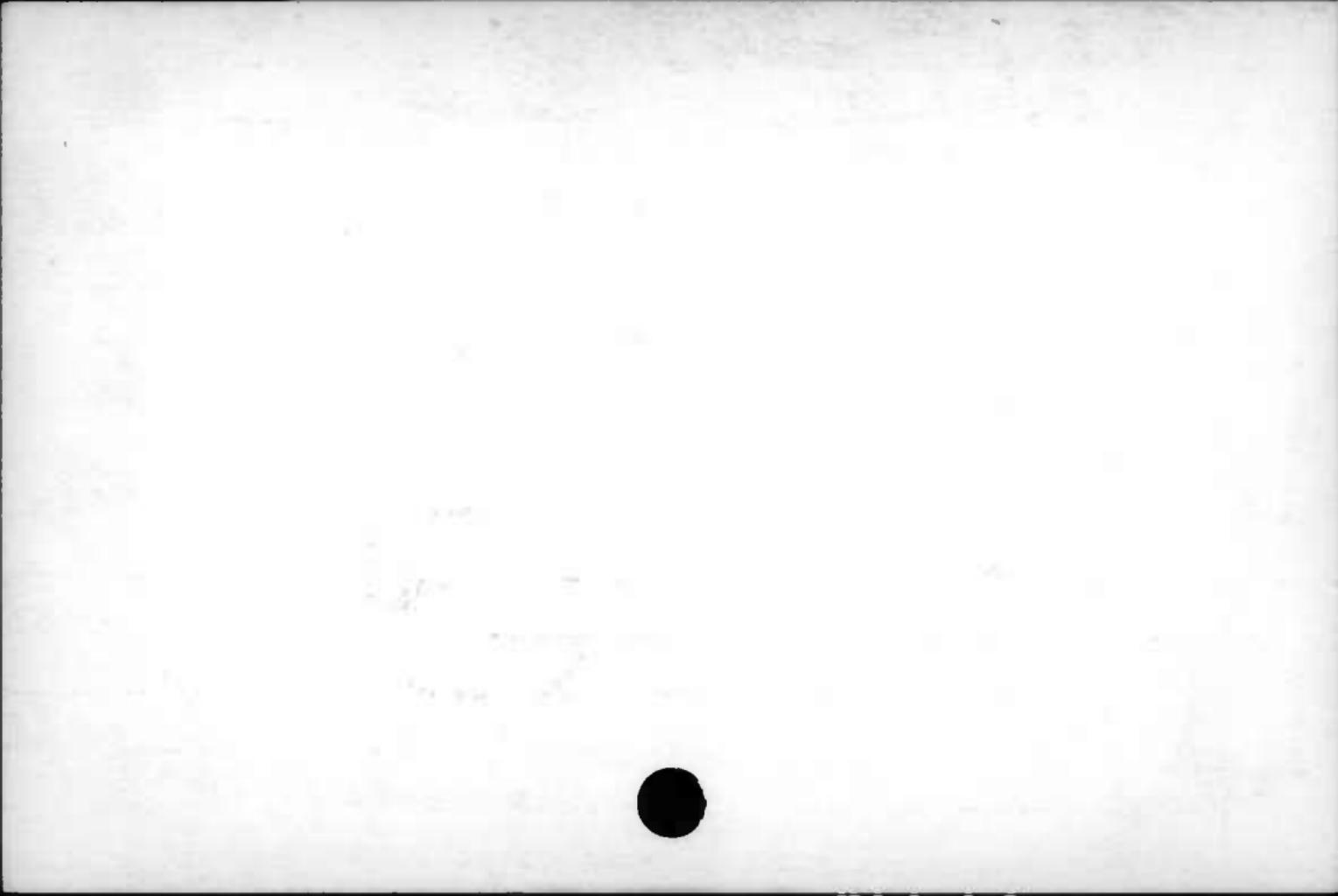
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Color of eyes	How long
Immediate	Ex hemorrhage	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

154
One year
Longer than
Sick

Longer than
Sick



Name
in
Full

Cora L. Welch

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Mc. Henry

County

Garrett

MARYLAND

Date
of death

Month

Day

1905

Feb

5

Years

19

Months

4

Days

9

Sex

Female

Color or
Race

white

Birth-
place

Maryland

Married, Single
or Widowed

Single

Occupation

House work

Name of Wife or
Husband

Father's
Name

Brison Welch

Father's
Birthplace

Md

Mother's
Maiden Name

Susan E. Specht

Mother's
Birthplace

Md

Name of person giving
Information

Brison Welch

How related
to deceased

Father

CAUSES OF DEATH

Primary

Consumption

long

2 or 3 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

S. Savage, undated

Friendsville Md

now physician attending

Accident or Suicide?

